

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Abbeymeads Medical Centre,
Elstree Way, Haydon, SWINDON, Wiltshire, SN25 4YZ

Pharmacy reference: 1038748

Type of pharmacy: Community

Date of inspection: 08/11/2019

Pharmacy context

This is a community pharmacy located in a medical centre in Swindon. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded regularly and these were kept in the dispensary. The pharmacy team reported that these were reviewed on a monthly basis. But staff could not access these during the inspection. A team briefing would be held when there were any significant errors. 'Sound alike' and 'look alike' medicines such as atenolol and allopurinol were separated on the dispensary shelf. Based on previous errors, ramipril tablets and capsules had been separated on the dispensary shelf.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Dispensing errors would be subject to a root cause analysis and also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. SOPs had been reviewed within the last two years. On questioning, the members of staff were all able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract. An indemnity insurance and public liability certificate from NPA was held and was valid and in date until the end of August 2020.

Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out monthly. Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. A responsible pharmacist (RP) record was kept electronically and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The private prescription and specials records were retained and were in order. The emergency supply records were retained but some entries omitted the reason for the supply when it was made at the request of a patient.

Staff were seen to be following the company information governance policy. Confidential waste was

separated and collected by the company for destruction. The computer screens were all facing away from the public and access to patient confidential records was password protected. All confidential information and patient sensitive information was filed away in the pharmacy. Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were not immediately available for safeguarding referrals, advice and support.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and seven dispensing assistants present during the inspection. They were all seen to be working well together. Staffing levels were seen to be sufficient for the level of the services provided during the inspection. The pharmacy team had three staff members who were in training and so the team was relatively inexperienced. A dispensing assistant reported that this had meant that dispensing activity had been more protracted than usual. The pharmacy team were two days behind on their dispensing activity. The pharmacy team was also currently without a pharmacy manager, but one had been recruited to start in February 2020.

Staff performance was monitored and reviewed bi-annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The pharmacy manager reported that patient safety meetings would take place on an ad-hoc basis to discuss any safety issues in the pharmacy and any learning from near misses or significant errors. Weekly huddles were used to discuss any important business updates.

The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. Bulletins were regularly released from head office and staff would read these.

Staff reported that they felt comfortable to approach the pharmacy manager or head office with any issues regarding service provision. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. The waiting area was very small, was often crowded and the consultation room door opened outwards. Staff were aware of the risks around this and took care when exiting the consultation room.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner.

The consultation room was adequately soundproofed and was clean, tidy and professionally presented. All patient confidential information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

Pharmacy services were detailed in leaflets and posters available around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team dispensed multi-compartment compliance aids for around 38 patients for use in their own homes. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were provided for the medicines contained within the compliance aids. There were some multi-compartment compliance aids that were dispensed in a central hub and sent to the pharmacy to be supplied to be the patient. These did not contain patient information leaflets (PILs). The superintendent's office reported to the inspector that this was a known problem and a solution was being implemented imminently.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during valproate dispensing to patients who may become pregnant. These were ordered from Sanofi-Aventis during the inspection. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

Staff had ordered replacement kits for the destruction of controlled drugs. Designated bins were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy had a plan in place to comply with the European Falsified Medicines Directive (FMD) compliant. The relevant equipment was in place and staff reported that the software was being rolled out. Medicines were obtained from suppliers such as AAH and Alliance. Specials were obtained via suppliers such as Eaststone specials.

The majority of medicines and medical devices were stored within their original manufacturer's packaging. A bottle of Ferrous Fumarate 140mg/5ml syrup was stored without a batch number and expiry date. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. But a bottle of Dexamethasone 2mg/5ml solution was stored on the dispensary shelf which had expired as of 24th September 2019. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records were kept to demonstrate this and audit trials were regularly kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There were two fridges which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within two to eight degrees Celsius. Designated medicine waste bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.